



CITY OF SAINT PAUL - DEPARTMENT OF SAFETY AND INSPECTIONS
375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806
General Information: 651-266-8989 – Fax: 651-266-1919
Visit our web site: www.stpaul.gov/dsi

FOLDER #
(Office use only)

APPLICATION FOR SALE APPROVAL OF A CATEGORY #2 REGISTERED VACANT BUILDING

Vacant Building Address: _____

Use of Building (Check One): **Single** _____ **Duplex** _____ **Multi-Unit** _____

Owner: _____
(Print Clearly and Legibly)

Address: _____
(Street Number and Street Name) **City** _____ **State** _____ **Zip** _____

Daytime Phone: _____ **Fax :** _____
(Include Area Code) (Include Area Code)

THE FOLLOWING REQUIREMENTS MUST BE COMPLETED AND THE APPLICATION FEE PAID BEFORE THIS OFFICE CAN PROCESS A REVIEW FOR THE SALE OF THIS PROPERTY

- A completed Vacant Building Registration Form must be provided.
- The annual vacant building fee (\$1,100.00) must be current, or provision must be made for the payment at closing.
- A code compliance inspection report (or a Fire team inspection report if the building has 3 or more units) must be completed and must not be more than one year old.
- An estimate from a state-licensed, general building contractor to complete the code compliance repairs must be submitted. The estimate must be on the contractor's letterhead and include the contractor's state license number. The estimate must include total costs for each of the 4 categories of repairs: Building, Electrical, Plumbing, and Heating. The estimate must contain a statement that it addresses all the code compliance work detailed in the code compliance, or Fire team, inspection report.
- A signed statement must be provided by the buyer giving a date or a time line for the completion of all the work by the code compliance, or Fire team, inspection report.
- Proof of financial capability to complete the required work must be furnished.

I understand that this property SHALL NOT be occupied until all code corrections are made and written authorization to occupy is obtained.

Fee Effective: 01/01/2010	\$275.00
Make Checks Payable to: City of Saint Paul	

Signature of Owner: _____

IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION:

☐

American Express

☐

Discover

☐

MasterCard

☐

Visa

Expiration Date: _____ **Account Number:** _____ **Amount: \$** _____

_____/____/____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Signature of Cardholder (required for all charges)

Date